

Case Number:	CM13-0050730		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2012
Decision Date:	05/19/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 47-year-old gentleman who was injured in a work related accident on May 17, 2012 sustaining an injury to the right knee. Specific to the claimant's right knee, there is a September 25, 2013 follow-up report indicating ongoing complaints of pain. There is indication of a prior surgical arthroscopy from October 3, 2012 for which the claimant underwent surgical arthroscopy and partial medial meniscectomy. His present complaints were that of ongoing instability with examination findings showing no signs of posterolateral instability with negative Lachman and pivot shift testing. There was a positive posterior drawer sign, however. Follow-up imaging including FluoroScan weightbearing images of the knee showed early medial compartment degenerative change with prior interference screw to the tibia and distal femur. Surgical process at that time in the form of a posterior cruciate ligament reconstruction with allograft was recommended at that time for further intervention. Further documentation of imaging or treatment was not noted. It should be indicated the claimant did undergo the operative process on December 11, 2013 in the form of a right knee arthroscopy posterior cruciate ligament reconstruction with tibialis allograft and a partial medial and lateral meniscectomy with medial and lateral compartment chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RIGHT KNEE POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH ALLOGRAFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines.

Decision rationale: Posterior ligament reconstructive procedures are under study with limited documentation to demonstrate its long term efficacy or benefit. It clearly indicates that management of PCL injuries remains controversial and that prognosis can vary widely. In this clinical instance, there is no acute indication for surgical process given the claimant's current clinical picture. The acute need of operative process in the form of PCL reconstruction at this delayed timeframe from injury would not be supported as medically necessary. The right knee posterior cruciate ligament reconstruction with allograft is not medically necessary and appropriate.

60 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain); Cyclobenzaprine (Flexeril®).

Decision rationale: CA MTUS Guidelines also would not support the acute need of Cyclobenzaprine. CA MTUS states, "Recommended as an option, using a short course of therapy." Muscle relaxants should be used sparingly as second line agents for acute symptomatic flare in the chronic setting. Given the claimant's clinical picture and no indication of acute symptomatic pathology, the acute need of muscle relaxant would not be indicated. The 60 Cyclobenzaprine Hydrochloride 7.5mg is not medically necessary and appropriate.

20 COLACE 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: McKay SL, Fravel M, Scanlon C. Management of constipations. Iowa City (IA) University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core: 2009 Oct. 51 p. (44 references).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Steps To Take Before A Therapeutic Trial Of Opioids: Initiating Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: pain procedure - Opioid-induced constipation treatment.

Decision rationale: CA MTUS states, "Steps to Take Before a Therapeutic Trial of Opioids: initiating therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality

may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated." CA MTUS and Official Disability Guideline criteria would not support the role of acute use of Colace. This medication is being requested for the postoperative setting. The lack of documented benefit for the operative process and nature would fail to necessitate its use. 20 Colace 100mg is not medically necessary and appropriate.

4 POSTOPERATIVE APPOINTMENTS WITHIN GLOBAL PERIOD FOR FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) and Best Pract Res Clin Rheumatol 2006 Feb; 20 (1): 39-55 Which radiographic techniques should we use for research and clinical practice? Buckland-Wright C.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Office Visits

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria in regards to office consultations postoperative appointments with fluoroscopy would not be indicated as the acute need of surgical process has not been supported. 4 Postoperative appointments within global period for fluoroscopy are not medically necessary and appropriate.

2 WEEK RENTAL OF GAME READY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Game Ready's accelerated recovery system.

Decision rationale: CA MTUS Guidelines do not recommend the role of Game Ready devices in the postoperative setting. The specific role of this device in this instance where surgery is not supported would not be supported. 2 week rental of Game Ready Unit is not medically necessary and appropriate.

KNEE IMMOBILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: California ACOEM Guidelines would not support the acute need of a knee immobilizer as the need for operative intervention has not been established. The knee immobilizer is not medically necessary and appropriate.